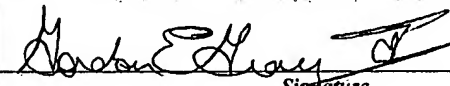
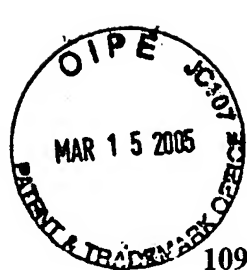


<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>109.12</b>	
Applicant(s): <b>Mitchell C. Calderwood et al</b>					
Application No. <b>10/622,325</b>	Filing Date <b>July 17, 2003</b>	Examiner <b>Ho, Allen C.</b>	Customer No.	Group Art Unit <b>2882</b>	Confirmation No. <b>4323</b>
<div style="float: left; border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center; width: 100px; height: 100px; line-height: 100px;">             OFFICE MAR 15 2005 RECEIVED           </div> <div style="float: right; width: 90%;"> <b>IMPROVED RADIOGRAPHIC SENSOR POSITIONING SYSTEM</b> </div>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	8 -	5 =	3	x \$100.00	\$300.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$300.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of <b>\$300.00</b> to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>March 15, 2005</b>		
<b>Gordon E. Gray III, Reg. No. 42,602</b> <b>GRAY LAW FIRM</b> <b>4401 N. Atlantic Avenue, Suite 233</b> <b>Long Beach, CA 90807</b> <b>TEL: (562) 984-2020</b> <b>FAX: (562) 984-2019</b>			<div style="border: 1px solid black; padding: 5px;">         I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on           _____          (Date)       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         _____          Signature of Person Mailing Correspondence       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         _____          Typed or Printed Name of Person Mailing Correspondence       </div>		
cc:					



109.12

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**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application:

Mitchell C. Calderwood et al

Filed: July 17, 2003

Serial No.: 10/622,325

For: IMPROVED RADIOGRAPHIC  
SENSOR POSITIONING SYSTEM

Examiner: Ho, Allen C.

Group Art Unit: 2882

March 15, 2005

Long Beach, California 90807

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action mailed December 15, 2004, please amend the above-identified application as follows:

**DRAWINGS:**

Amended drawings sheets are submitted herewith showing reference numbers 32 and 70. No new matter has been added.

**CLAIM AMENDMENTS:**

Please cancel Claims 4 and 6 without prejudice. Please amend Claims 1-3 and 16-18 as follows:

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